

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: PENNSYLVANIA HOUSE (310253)

Address: 3116 S PENNSYLVANIA AVE, MILWAUKEE, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 03/28/1995

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093155 **End Date:** 07/20/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009019 Served 09/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.51(3)(a)	SMOKE SEPARATION		

Survey ID: 0091077 **End Date:** 09/16/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008598 Served 10/02/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	07/16/2004	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/16/2004	Yes
83.51(3)(a)	SMOKE SEPARATION	07/16/2004	Yes
83.51(3)(b)	CHUTES SHALL HAVE SELF-CLOSING DOORS	07/16/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 08/18/2004	SOD #10009019	Appealed: No
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Sanctions

FORFEITURE---83.51(3)(a)

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Complaint History

Date Complaint Received: 10/16/2003

Date Investigation Completed: 07/20/2004

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/03/2003

Date Investigation Completed: 09/16/2003

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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